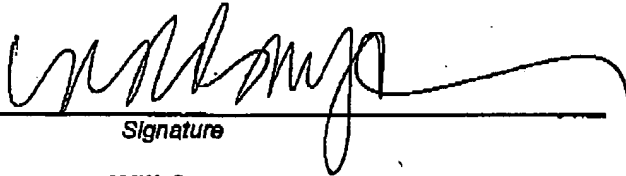


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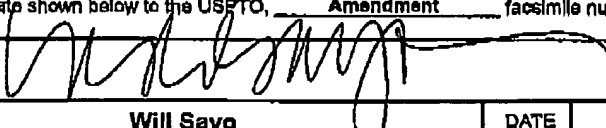
MAIL STOP: **Amendment**EXAMINER: **Katherine D. SALMON**ART UNIT: **1634**APPLICANT(S): **H. Garrett WADA et al.**APPLICATION NO.: **10/821,657**FILING DATE: **4/8/2004**ATTORNEY DOCKET NO.: **100/18002**TOTAL PAGES (incl. Certificate): **36**DOCUMENT(S): **Transmittal; Fee Transmittal; Extension of Time (one month); Amendment; Supplemental IDS***Signature***Will Sayo***Typed or printed name of person signing Certificate***650-623-0324***Telephone*

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	APPLICATION NUMBER	10/821,657	
	FILING DATE	4/8/2004	
	APPLICANT(S)	H. Garrett WADA et al.	
	ART UNIT	1634	
	EXAMINER	Katherine D. SALMON	
MAIL STOP	Amendment	ATTORNEY DOCKET NUMBER	100/18002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> Election/Restriction Requirement <input type="checkbox"/> After Final <input type="checkbox"/> Missing Parts/Incomplete Application <input type="checkbox"/> Under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Extension of Time Request (<u>2</u> month(s)) <input checked="" type="checkbox"/> Information Disclosure Statement & Form(s) PTO-SB08 <input type="checkbox"/> Drawings (<u> </u> sheet(s)) <input type="checkbox"/> Declaration (<u> </u> sheet(s)) <input type="checkbox"/> Application Data Sheet (updated)	<input type="checkbox"/> PTO-1585 Recordation Form Cover <input type="checkbox"/> Assignment (<u> </u> sheet(s)) <input type="checkbox"/> Merger/Name Change Certificate <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change of Address <input type="checkbox"/> Petition <input type="checkbox"/> Revive Application <input type="checkbox"/> Withdraw <input type="checkbox"/> Request <input type="checkbox"/> Correction <input type="checkbox"/> Refund	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other enclosure(s) identified below:
REMARKS		
The Commissioner is hereby authorized to charge any deficiency(ies) of fee(s) found to be required for this filing, or credit any overpayment(s), to Deposit Account No. 03-0177, referencing the attorney docket number indicated above.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
FIRM NAME	CALIPER LIFE SCIENCES, INC.		
SIGNATURE			
PRINTED NAME	Ann C. Petersen		
DATE	12/21/2006	REG. NO.	55,536

CERTIFICATE OF TRANSMISSION/MAILING UNDER 37 CFR 1.8			
I hereby certify that this correspondence is being:			
<input type="checkbox"/> Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop <u>Amendment</u> , Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.			
<input checked="" type="checkbox"/> Transmitted by facsimile on the date shown below to the USPTO, <u>Amendment</u> facsimile number <u>1-871-273-8300</u>			
SIGNATURE			
PRINTED NAME	Will Sayo	DATE	12/21/2006

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180

Complete if Known

Application Number	10/821,657
Filing Date	4/8/2004
First Named Inventor	H. Garrett WADA et al.
Examiner Name	Katherine D. SALMON
Art Unit	1634
Attorney Docket No.	100/18002

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-0177 Deposit Account Name: CALIPER TECHNOLOGIES CORP.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x 50 = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x 200 = _____		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	
360		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	0	250	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS (37 CFR 1.47(p))

Fees Paid (\$)

180

SUBMITTED BY

Signature	<i>Ann C. Petersen</i>	Registration No. (Attorney/Agent)	55,536	Telephone	650-623-0867
Name (Print/Type)	Ann C. Petersen			Date	12/21/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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